

COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHODS AND COMPOSITIONS FOR TREATMENT OF OCULAR NEOVASCULARIZATION AND NEURAL INJURY** the specification of which

(check one) ☒ is attached hereto
☐ was filed on _____ as US Application Serial No. _____
or PCT International Application No. _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under 35 USC § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the Prior Foreign Applications(s).

Number Country Day/Month/Yr filed ☒ Priority Not Claimed

I hereby claim the benefit under 35 USC §119 (e) of any United States provisional application(s) listed below.

Application No. Filing Date

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/244,850 November 1, 2000
Application No. Filing Date

I hereby appoint **CARLOS A. FISHER, Registration No. 36,510** (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

<u>Name</u>	<u>Registration No.</u>
Robert Baran	25,806
Stephen Donovan	33,433

Martin A. Voet	25,208
----------------	--------

of the following correspondence address: **Allergan, Inc., 2525 Dupont Drive, Irvine, CA. 92612**

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR:			
First Name: James	Initial A.	Last Name Burke	
RESIDENCE & CITIZENSHIP			
City Santa Ana	State or Foreign Country California	Country of Citizenship USA	
POST OFFICE ADDRESS			
Post Office Address 2409 East Avalon Avenue	City Santa Ana	State or Country California	Zip Code 92705
SIGNATURE OF INVENTOR		DATE:	
FULL NAME OF INVENTOR:			
First Name: Ton	Initial	Last Name Lin	
RESIDENCE & CITIZENSHIP			
City Irvine	State or Foreign Country California	Country of Citizenship USA	
POST OFFICE ADDRESS			
Post Office Address 2 Flagstone #936	City Irvine	State or Country California	Zip Code 92606
SIGNATURE OF INVENTOR		DATE:	
FULL NAME OF INVENTOR:			
First Name: Larry	Initial A.	Last Name Wheeler	
RESIDENCE & CITIZENSHIP			
City Irvine	State or Foreign Country California	Country of Citizenship USA	
POST OFFICE ADDRESS			
Post Office Address 18 Valley View	City Irvine	State or Country California	Zip Code 92715

3